

**Fill in this information to identify the case:**

Debtor name Stone's Cove Kitbar of Bel Air, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) 17-10066

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
3.1	Nonpriority creditor's name and mailing address ADP 1851 N Resler Dr. MS-100 El Paso, TX 79912 Date(s) debt was incurred _____ Last 4 digits of account number _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$337.45
3.2	Nonpriority creditor's name and mailing address Allied Eco-Grip c/o Ken Neeley 3013 Bank St. Charlotte, NC 28203 Date(s) debt was incurred _____ Last 4 digits of account number _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.3	Nonpriority creditor's name and mailing address ALSCO 4900 Philadelphia Way Lanham, MD 20706 Date(s) debt was incurred _____ Last 4 digits of account number _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.4	Nonpriority creditor's name and mailing address Arel Cleaning Service PO Box 4536 Silver Spring, MD 20914 Date(s) debt was incurred _____ Last 4 digits of account number _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00

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3.5	<b>Nonpriority creditor's name and mailing address</b> Aronson LLC 805 King Farm Blvd Suite 300 Rockville, MD 20850  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.6	<b>Nonpriority creditor's name and mailing address</b> Ashland Equipment 1324 Brass Mill Road Belcamp, MD 21017  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,493.11
3.7	<b>Nonpriority creditor's name and mailing address</b> BGE PO Box 13070 Philadelphia, PA 19101  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,315.56
3.8	<b>Nonpriority creditor's name and mailing address</b> Bond Distributing 1220 Bernard Dr Baltimore, MD 21223  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.9	<b>Nonpriority creditor's name and mailing address</b> Bookworms, LLC 709 Valleybrook Dr Memphis, TN 38120  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	<b>Nonpriority creditor's name and mailing address</b> Bowie Gridley Architects 1010 Wisconsin Ave NW Suite 400 Washington, DC 20007  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,342.57
3.11	<b>Nonpriority creditor's name and mailing address</b> Coastal Sunbelt Produce PO Box 62860 Baltimore, MD 21264  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.12	<b>Nonpriority creditor's name and mailing address</b> Comcast 1701 JFK Blvd Philadelphia, PA 19103  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.77
3.13	<b>Nonpriority creditor's name and mailing address</b> Data Business Systems 3040 Williams Dr Suite 630 Fairfax, VA 22031  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$278.00
3.14	<b>Nonpriority creditor's name and mailing address</b> East Coast Food Equipment 570 Industrial Dr Lewisberry, PA 17339  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.15	<b>Nonpriority creditor's name and mailing address</b> Easter's Lock & Security 1713 E Joppa Rd. Parkville, MD 21234  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$652.24
3.16	<b>Nonpriority creditor's name and mailing address</b> Fast Signs 1 Easter Ct Suite F Owings Mills, MD 21117  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.38
3.17	<b>Nonpriority creditor's name and mailing address</b> Gable Signs & Graphics 7449 Fort Smallwood Rd Curtis Bay, MD 21226  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,505.93
3.18	<b>Nonpriority creditor's name and mailing address</b> Harford Refrigeration   Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,620.00

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3.19	<b>Nonpriority creditor's name and mailing address</b> Jacqueline Danker 700 Argyll Road Fayetteville, NC 28303  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184,475.64
3.20	<b>Nonpriority creditor's name and mailing address</b> Kitbar Enterprises  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,264.82
3.21	<b>Nonpriority creditor's name and mailing address</b> Kristen Navarre 709 Valleybrook Dr Memphis, TN 38120  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$517.63
3.22	<b>Nonpriority creditor's name and mailing address</b> Northeast Beverage One Coors Dr North East, MD 21901  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.50
3.23	<b>Nonpriority creditor's name and mailing address</b> Rebecca L. Landon, Esq. 16036 Bonniebank Terrace Germantown, MD 20874  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,030.00
3.24	<b>Nonpriority creditor's name and mailing address</b> RJD Solutions, LLC PO Box 711223 Herndon, VA 20171  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,869.14
3.25	<b>Nonpriority creditor's name and mailing address</b> Rosalio Lopez 5512 Landover Road Hyattsville, MD 20782  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,320.00

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3.26	<b>Nonpriority creditor's name and mailing address</b> Sentman Distributors 400 Maloney ROAD Elkton, MD 21921  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.27	<b>Nonpriority creditor's name and mailing address</b> Singer Equipment Co. 150 S Twin Valley Road Elverson, PA 19520  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.28	<b>Nonpriority creditor's name and mailing address</b> Snee, Mahoney, Lutche & Helmin 112 S Main St Bel Air, MD 21014  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,847.33
3.29	<b>Nonpriority creditor's name and mailing address</b> Sysco PO Box 1099 Jessup, MD 20794  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,461.78
3.30	<b>Nonpriority creditor's name and mailing address</b> The Country Vintner PO Box 1540 Ashland, VA 23005  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #f2f2f2; padding: 2px;">Total of claim amounts</th> </tr> <tr> <td style="width: 5%; padding: 2px;">5a.</td> <td style="padding: 2px;">\$ 0.00</td> </tr> <tr> <td style="padding: 2px;">5b. +</td> <td style="padding: 2px;">\$ 306,488.85</td> </tr> <tr> <td style="padding: 2px;">5c.</td> <td style="padding: 2px;">\$ 306,488.85</td> </tr> </table>	Total of claim amounts		5a.	\$ 0.00	5b. +	\$ 306,488.85	5c.	\$ 306,488.85
Total of claim amounts									
5a.	\$ 0.00								
5b. +	\$ 306,488.85								
5c.	\$ 306,488.85								
5a. Total claims from Part 1 5b. Total claims from Part 2  5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.									

United States Bankruptcy Court  
Eastern District of Virginia

In re Stone's Cove Kitbar of Bel Air, LLC

Debtor(s)

Case No. 17-10066

Chapter 7

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- ☐ Involuntary/Voluntary Petition [*Specify reason for amendment:* \_\_\_\_]  
*Check if applicable:* ☐ Soc. Sec. No. amended. [*If applicable: An original, signed Official Form 121 was mailed/hand-delivered to the Clerk's office on \_\_\_\_.\**]
- ☐ Summary of Your Assets and Liabilities (and Certain Statistical Information - Individuals Only)
- ☐ Declaration (Individuals - Form 106Dec) (Non-Individuals - Form 202)
- ☐ Schedule A/B - Property
- ☐ Schedule C - The Property You Claim as Exempt
- ☐ Schedule D - Creditors Who Hold Claims Secured by Property (See LBR 1009-1)
- ☒ Schedule E/F Creditors Who Have Unsecured Claims (See LBR 1009-1)  
**(\$31.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) Check applicable statement(s):**
- ☐ Creditor(s) added ☐ Creditor(s) deleted
- ☐ Change in amounts owed or classification of debt
- ☐ No pre-petition creditors added/deleted, or amounts owed or classification of debt changed. [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE]
- ☐ Post-petition creditors added (Schedule of Unpaid Debts)
- REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.**
- ☐ Schedule G- Executory Contracts and Unexpired Leases
- ☐ Schedule H - Codebtors
- ☐ Schedule I - Your Income
- ☐ Schedule J - Your Expenses

[NOTE: The form "NOTICE TO CREDITOR(S) (RE AMENDMENT)" is still required when adding or deleting creditors.

\*Amendment of debtor(s) Social Security Number requires this cover sheet together with a completed Official Form 121 - Statement About Your Social Security Numbers be electronically filed or submitted to the Clerk's Office for 'restricted' entry of the amended Social Security Number into the case record. ]

- ☐ Statement of Financial Affairs
- ☐ Statement of Intention for Individuals Filing Under Chapter 7
- ☐ Chapter 11 List of Equity Security Holders
- ☐ Chapter 11: The List of Creditors Who Have the 20 Largest Unsecured Claims Against You Who Are Not Insiders
- ☐ Attorney's Disclosure of Compensation
- ☐ Other: \_\_\_\_\_

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment as follows: Allied Eco-Grip, 3013 Bank St., Charlotte, NC 28203.

Date: January 31, 2017

/s/ Gregory H. Counts

Gregory H. Counts VSB#

Attorney for Debtor(s) [or *Pro Se* Debtor(s)]

State Bar No.: 46771

Mailing Address: Tyler, Bartl, Ramsdell & Counts, PLC

300 N. Washington St.

Suite 202

Alexandria, VA 22314

Telephone No.: (703) 549-5000

**United States Bankruptcy Court  
Eastern District of Virginia**

In re Stone's Cove Kitbar of Bel Air, LLC

Debtor(s)

Case No. 17-10066

Chapter 7

**TO:**

Allied Exo-Grip  
c/o Ken Neeley  
3013 Bank St.  
Charlotte, NC 28203

**NOTICE TO  
CREDITOR(S) (RE AMENDMENT)**

NOTICE IS HEREBY GIVEN that an amendment to the above-captioned debtor's schedules has been filed

- ☒ adding you as a creditor,  
☐ deleting you as a creditor,  
☐ correcting your address

A copy of the amendment is forwarded to you together with this notice.

*[If amendment is adding creditor(s)]* NOTICE IS FURTHER GIVEN that also forwarded to you together with this notice is a copy of the notice of the meeting of creditors called by the United States Trustee pursuant to Federal Rule of Bankruptcy Procedure 2003, giving the particulars of the case and stating the last date for the filing of claims (*if any was given*), for filing complaints objecting to the discharge and complaints to determine the dischargeability of certain debts; a copy of the discharge of the debtor, *if one has been entered*, a subsequent notice to file claims, *if one has been issued*, and any other filed document affecting the rights of the added creditor(s).

Stone's Cove Kitbar of Bel Air, LLC

Date: January 31, 2017

By /s/ Gregory H. Counts

Attorney for Debtor [or *Pro Se* Debtor]

State Bar No.: 46771

Address: Tyler, Bartl, Ramsdell & Counts, PLC  
300 N. Washington St.  
Suite 202

Alexandria, VA 22314

Telephone No.: (703) 549-5000

**CERTIFICATION**

I certify that on January 31, 2017, I served a copy of the foregoing notice on the United States Trustee, any appointed trustee, and any and all entities affected by the amendment pursuant to Local Bankruptcy Rule 1009-1(A).

/s/ Gregory H. Counts

Gregory H. Counts VSB# 46771

Attorney for Debtor [or *Pro Se* Debtor]

**United States Bankruptcy Court  
Eastern District of Virginia**

In re Stone's Cove Kitbar of Bel Air, LLC

Debtor(s)

Case No. 17-10066

Chapter 7

**AMENDED  
DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Member of the corporation, named as the debtor in this case, declare under penalty of perjury that I have read the foregoing amendment and that it is true and correct to the best of my information and belief.

Date January 31, 2017

Signature /s/ Benjamin J. Stone, III

Benjamin J. Stone, III  
Member

*Penalty for making a false statement:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571